

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY067 Date of Visit: 7/15/21

Contractor Personnel on Site:

1. PATRICK BROWN      3. \_\_\_\_\_  
2. \_\_\_\_\_      4. \_\_\_\_\_

**Work Performed:**

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S , 13476-13498 , 13810 , 13862-13864 , 13934 , 13946 ,
2. 13954 , 13499-13504 , 13865 , 13866 , 13935 , 13955 , 13867 ,
3. 13868 , 13956 ,
4. ASSET#'S , 10582-10584 , 10586-10593 , 10596-10607 , 10612 ,
5. 10620-10622 , 10630-10635 , 10639 , 10640 , 10645 , 10646 ,

190917- , 438-445 , 450 , 421 , 457 , 454 , 461

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 7/15/21

Signed: 

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: SFC WILLIAM MONTES Date: 7/15/21

Signed: 

E-Mail: \_\_\_\_\_

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**PLUMBING FIXTURES**

SITE AND BLDG #: NY067 BLDG2

MECHANIC  
SIGNATURE: 

DATE: 7/15/21

LOCATION/RM #: BLDG2 WO# 13499-13504 ASSET # 10630-10635  
 13935 190917-457 START TIME: 12:30pm FINISH TIME: 1:30pm

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered.	✓		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	SINKS - Operate faucets, inspect for leaks, replace washers/"O" rings as necessary. Observe drain flow, clean trap if obstructed. Replace filter as needed.	✓		trap is clear no leaks
2	SHOWER HEADS, MIXING VALVES - Check shower for damaged, missing, or leaking heads; replace as required. Check mixing valves for damaged or missing parts; replace washers as needed.	✓		no damaged or missing parts
3	SHOWER STALLS - Check for leaks, cracks, significant wear or vandalism.	✓		no leaks cracks or significant wear
4	TOILETS - Flush and adjust water flow if required. Inspect for leaks, missing or damaged parts/caps, seat supports, and replace.	✓		water flows good no leaks or damage
5	URINALS - Flush and adjust water flow if required. Inspect for leaks, missing or damaged parts/caps and replace.	✓		no leaks or missing parts
6	OTHER MISCELLANEOUS FIXTURES - Clean and inspect for any damage. Check for leaks, missing or damaged parts, caps, etc. Replace as needed.	✓		no leaks or damaged parts

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed description of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**